

**DEPARTMENT OF INSURANCE****STATE OF ARIZONA***Financial Affairs Division – Tax Unit*2910 North 44<sup>th</sup> Street, Suite 210

Phoenix, Arizona 85018-7269

Phone: (602) 364-3998

Fax: (602) 364-3989

**QUALIFIED REINSURER TRUST PURSUANT TO A.R.S. § 20-261.01(A)(4)****OR****QUALIFIED REINSURER BASED ON SURPLUS PURSUANT TO A.R.S. § 20-261.01(A)(3) and (6)****ANNUAL FEES REPORT DUE FEBRUARY 28\***

**\*DO NOT FILE THIS REPORT IF THE TOTAL ANNUAL FEES WILL BE PAID BY ACH DELIVERY.  
SEE FORM E-ACH.INSTRUCTION FOR DETAILS REGARDING THE ACH PAYMENT OPTION.**

Complete Company Name and Home Office Address	State or Country of Domicile
X	X
X	Arizona I. D. Number (call Tax Unit for assistance, if needed)
X	X
X	Federal I. D. Number:
X	
Preparer's Name and Title:	E-Mail Address:
Toll Free or Collect Phone:	FAX:
Complete Mail Address:	

1) Annual Statement Filing Fee	\$	300.00	(Pay Code 28)
2) TOTAL DUE FEBRUARY 28 [Period Code 7]	\$	300.00	

**MAKE CHECK PAYABLE TO:****ARIZONA DEPARTMENT OF INSURANCE****AND MAIL CHECK WITH REPORT TO:****Attention: TAX UNIT**2910 North 44<sup>th</sup> Street, Suite 210

Phoenix, Arizona 85018-7269

Payment by check must be sent with this Report by February 28. If February 28 falls on a Saturday or Sunday, the deadline will be extended to the following Monday for that year only. STATUTORY PENALTIES FOR LATE FILING AND/OR PAYMENTS WILL BE ENFORCED.

**PLEASE NOTE OUR "POSTMARK POLICY" APPLICABLE TO STATUTORY FILINGS, AS IT IS ENFORCED BY THIS DEPARTMENT:** To be considered a **TIMELY** filing, the package containing the filing must display validation by the United States Postal Service\* as proof of the date of filing. Courier deliveries must include an invoice bearing the date of courier pick-up. If your package does not provide evidence of a timely filing it will be considered filed **WHEN RECEIVED** and statutory penalties, where applicable, will be assessed. \*Postage meter stamps do not qualify.

**IMPORTANT:** DUE TO CASH CONTROL PROCEDURES **DO NOT** MAIL THE ANNUAL FEES REPORT FORM OR PAYMENT INSIDE AN ANNUAL STATEMENT FILING PACKAGE. SEPARATELY MAIL YOUR CHECK WITH THIS REPORT TO THE ATTENTION OF TAX UNIT AT ADDRESS SHOWN ABOVE.